

APPLICATION FOR RECORDS RETENTION SCHEDULE

GEORGIA DEPARTMENT OF HUMAN RESOURCES
OFFICE OF ADMINISTRATIVE SERVICES
RECORDS MANAGEMENT UNIT

For instructions on completing this form contact DHR Records Management Unit, 47 Trinity Avenue, Atlanta, Georgia 30334. Phone - (404) 656-4976 GIST: 221-4983

DHR		1. GEORGIA DEPARTMENT OF HUMAN RESOURCES		ARCHIVES AND HISTORY	
Application Date January 5, 1979		Division of Physical Health/ Communi- cable Disease Unit/ Sexually Transmitted Disease (STD) Program		Application Number 76-42-A	
Application Number DHR-1979-2		618 Ponce de Leon Ave., N. E. Atlanta, Ga. 30306		Date Received JAN - 5 1979	
				Date Completed FEB - 5 1979	
2. Person to Contact		Working Title		Telephone Number	
L. Carlyle Brown		Director/ Program Manager		894-5177	
3. Action Requested					
a. <input type="checkbox"/> Establish Retention Schedule; record will continue to accumulate.					
b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated.					
c. <input checked="" type="checkbox"/> Amend Application No. <u>76-42</u> Check One: <input type="checkbox"/> Change; <input checked="" type="checkbox"/> Supersede; <input type="checkbox"/> Void					
4. Dates of Series		5. Records Series Title (followed by title used in office, if different)			
Earliest 1972		Latest to present			
		Gonorrhea Screening Culture Test Results Files			
6. Division and Office Function What is the function of the Division and the Office in which this record series is created?					
<p>The Division of Physical Health, through the leadership of the Director, is responsible for the administration, direction, and coordination of the physical health programs throughout Georgia. This is accomplished by the establishment of health standards for business, housing, and field operations; the improvement of the physical and dental health of adults and children; the diagnosis and control of diseases; and the daily State-wide program of registration, statistical coding, certification, and preservation of births, marriages, divorces, annulments of marriage, and deaths that occur each year in the State.</p> <p>The Sexually Transmitted Disease (STD) Program has the responsibility to: determine, from laboratory reports, incidents and distribution of venereal disease in Georgia; provide this information to District health program representatives who operate the District V.D. Control Program; provide consultation to District Health Offices and private physicians; develop and distribute information to the public on the control of venereal disease; and monitor and evaluate the V.D. Control Program of each Health District.</p>					
7. Records Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file.					
Documents relating to: receiving reports (from counties State-wide) of results of gonorrhea culture tests; and reporting these findings, quarterly, to the Center for Disease Control.					
Included are: form 3568 (Rev. 3-77) [Gonorrhea Culture Test] which shows date of culture; patient's name, address, race, sex, age, birthdate, marital status, phone; reason for test; area of body from which specimen (for test) obtained; whether or not medication administered and what type; laboratory findings; remarks; name of laboratory; date received; and date reported. Also, computer printout of information taken from form 3568; and report to the Center for Disease Control, quarterly, on form CDC 9.124 [Gonorrhea Culture Test Results of Females].					
The file is arranged : alphabetically by county.					
8. Monthly Reference Rate approx. How often are records referred to which are:					
One to six months old <u>18,000</u> ; Seven to twelve months old _____ ; Thirteen to twenty-four months old _____ ; twenty-five months and older _____ ?					
9. Annual Rate of Accumulation or Records					
Letter-size drawers <u>1/3</u> ; Legal-size drawers _____ ; Shelves _____ ; Other (Specify) _____ form destroyed after coding and verification.					

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it? <u>official State record</u>
X		b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation. <u>Confidentiality of patient records - 88.502.10 Ga. Health Code</u>
	X	c. Is this a vital record?
	X	d. Does this series have historical or long term research value?
	X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
** X		f. Is the information contained in this series ever published? If yes, attach copy. <u>STD Annual Report</u>
** X		g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy. <u>quarterly report to Center for Disease Control</u>
X		h. Is there a duplication of this series in your office, or in another office or agency? If yes, where? <u>appropriate portions at District and County offices</u>
	X	i. Is this series (or a major portion of it) regularly microfilmed?
X		j. Does the record series result in a computer printout?

11. Retention Requirements

The following requires the series to be kept:

- | | | | |
|--------------------------|--------------|-----------------------------------|------------------|
| a. State Law | _____ years. | d. Audit period | _____ years. |
| b. Statute of limitation | _____ years. | * e. Administrative need | <u>10</u> years. |
| c. Federal law | _____ years. | f. Federal retention instructions | _____ years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

for reference purposes (based on past experience)

copy to Director, Family Health Services Section -- Schedule 74-460 FAMILY HEALTH DIRECTOR'S
SUBJECT FILES provides for transfer annually to State Archives.

12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☒ Fiscal Year; ☐ Other _____ then,

Central Office

- ☐ Hold in the current files area _____ month(s) _____ year(s); then
- ☐ Transfer to local holding area; hold _____ year(s); then
- ☐ Transfer to State Records Center; hold _____ year(s); then
- ☐ Destroy
- ☐ Transfer to State Archives for permanent retention.
- ☒ Other (Specify)

Form 3568 (received daily from counties)
(Statewide)

Central Office

Destroy after coding and verification is completed.

District and County Offices

Destroy after proper investigation and disposition of positive test report
(form CDC 9.2936A - Venereal Disease Epidemiologic Report)

These instructions apply to all prior and future accumulations of the series.

Printout [Gonorrhea Culture Test Results]
(received monthly and reported quarterly
to Center for Disease Control)

Central Office

Cut off file at end of each fiscal year;
hold in current files area 10 years;
then destroy. Earlier destruction is
authorized.

District and County Offices

Destroy when no longer needed for
reference.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
<i>L. Carlyle Brown</i>	1-2-79	<i>Elizabeth W. Crank</i> Elizabeth W. Crank, CRM	12/29/78

State Records Committee (Signature)		Date
State Auditor/Designee	<i>[Signature]</i>	2-1-79
Secretary of State/Designee	<i>Carage Hart</i>	1-31-79
Attorney General/Designee	<i>[Signature]</i>	2-2-79

Recommendations in paragraph 12 are approved.
(If disapproved, attach letter of explanation.)



STATE
OF
GEORGIA

Application for
RECORDS DISPOSITION STANDARD

OFFICE OF SECRETARY OF STATE
DEPARTMENT OF ARCHIVES & HISTORY
RECORDS MANAGEMENT DIVISION

PAGE
1

1. Application Date 2/6/76	INSTRUCTIONS See separate instructions for completion of front and reverse of this form. Sign original and two copies and forward to Department of Archives and History, Attention: Records Management Officer.	FOR RECORDS MANAGEMENT DIVISION USE Date Received Application No. Date Completed FEB 11 1976 76-42 FEB 24 1976	
2. Agency Application No. DHR-36			
3. Department of Human Resources Division of Physical Health Venereal Disease Unit 618 Ponce de Leon Avenue Atlanta, Georgia		4. Person in Contact Charles Brown	
		5. Working Title Administrator	6. File No. 894-5177

7. ACTION REQUESTED

☒ ESTABLISH DISPOSITION STANDARD;
RECORD WILL CONTINUE TO ACCUMULATE. ☐ DISPOSE OF PRESENT ACCUMULATION;
NO FURTHER ACCUMULATION ANTICIPATED.

8. Earliest & Latest Dates of Series 1972-Present	9. Exact Series Title STATE GONORRHEA TABULATED REPORT FILES
--	---

10. What is the function of the office in which this record series is created?

The Division of Physical Health is responsible for the administration, direction and coordination of the Physical Health programs throughout the State. Included are: the establishment of health standards for business, housing, field operations and hospitals; the improvement of the physical and dental health of adults and children; the diagnosis and control of diseases; the supervision of construction and licensure of health facilities; and the daily State-wide program of registration, statistical coding, certification and preservation of the births, marriages, divorces and annulments of marriage, and deaths that occur each year in the State.

Venereal Disease Control Unit has the responsibility to provide direction to and coordination of a statewide venereal disease control program designed to reduce the rising incidence of syphilis and gonorrhea in the State of Georgia.

11. This file contains the following documents (include form numbers and titles, if any, and file arrangement).

Documents relating to quarterly statistical EDP printouts, listing the morbidity rate of gonorrhea for a designated county.

Included, but not limited to, are: numeric codes designating treatment site, type of treatment facility, (Health Department, Hospitals etc.), quarterly totals of test results to date; "Gonorrhea Culture Test Results of Females," (Center for Disease Control Form CDC 9.124), identifying type of testing facility, designated area report covers, inclusive dates of period covered, number of patients tested and results of tests. (Please note: A copy of this report is submitted to the Center for Disease Control, Atlanta, Ga., on a quarterly basis.)

Files are arranged chronologically by year.

ATTACH SAMPLES OF THE FILE

EQUIPMENT OCCUPIED	No. of Drawers	Cu. Ft. of Records	ANNUAL RATE OF ACCUMULATION	No. of Drawers	Cu. Ft. of Records
Letter-size File Drawers	2	3.5		1	1 1/2
Legal-size File Drawers			Floor Space Occupied (Square Feet)		
				7	
				This Year's	Last Year's
			AVERAGE DAILY REFERENCES		
				5	2
				0	0

QUESTIONNAIRE Place an "x" in the proper column. If answer is "YES," please explain

13. Is this the Record Copy of the series?

YES

NO

[x]

[]
14. Is there a duplication of this series in another office or agency?

[x]

[]
- V. D. Unit submits part of report to CDC Atlanta on a quarterly basis: District Office

[]

[x]
15. Is the information contained in this series ever summarized or published?

[]

[x]

Attach copy of summary or publication.
16. Does the series contain classified information requiring security handling?

[]

[x]
17. Does the series initiate, amend or terminate agency policies and procedures?

[]

[x]
18. Could the function be performed if the files were lost or destroyed?

[x]

[]
19. Is the series (or major portion of it) regularly microfilmed? If yes, why?

[]

[x]
20. Does the record series provide data as input to an EDP file?

[]

[x]
21. Does the record series contain documentation produced as EDP printout?

[]

[x]
22. Has the Federal Government issued instructions governing the retention/disposition of these files?

[]

[x]
23. Will there be a need for these records 10, 15 years from now? If yes, what?

[]

[x]

24. REQUIREMENTS. The following requires the files to be kept 10 years:

a. [] STATE LAW

b. [] STATUTE OF LIMITATION

c. [] AUDIT PERIOD

d. [] FEDERAL LAW

e. [x] ADMINISTRATIVE DECISION

f. [] HISTORICAL VALUE

(Cite Law, Statute, or other reason for the retention requirement)

Based on previous reference experience the Veneral Disease Control Unit needs a 10 year retention period.

25. AGENCY RECOMMENDATIONS. This agency recommends that the file series be cut off at the end of each ☐ CALENDAR YEAR ☒ FISCAL YEAR ☐ OTHER _____, then:

[x] Hold in the current files area 10 month(s)/ 10 year(s):

[] Transfer to [] State Records Center [] Local Holding Area; hold _____ year(s):

[x] Destroy.

[] Transfer to State Archives for permanent retention.

[] Destroy immediately after cut-off.

[] Other: (Specify)

District office copy - cut-off file at the end of calendar year; hold 5 years in current files area then destroy. Earlier destruction is authorized.

(Indicate briefly rationale for recommendations above/or write additional remarks):

Records Management Officer (Signature) <u>William J. McDonald DHR-RMG</u>		Date <u>2-5-76</u>	OTHER REQUIRED SIGNATURES		DATE
26. Recommendations in paragraph 25 are:	Agency Head/Designee		<u>William J. McDonald</u>		<u>2/6/76</u>
	<input checked="" type="checkbox"/> Approved [] Disapproved				
	State Auditor/Designee				
	<input checked="" type="checkbox"/> Approved [] Disapproved				
	Secretary of State/Designee				
STATE RECORDS COMMITTEE	<input checked="" type="checkbox"/> Approved [] Disapproved		<u>William M. Hannon</u>		<u>2-20-76</u>
	Attorney General/Designee				
	<input checked="" type="checkbox"/> Approved [] Disapproved				
			<u>Carroll Hart</u>		<u>2-19-76</u>
			<u>Robert H. Shell</u>		<u>2-20-76</u>